AMENDATORY SECTION (Amending WSR 98-01-062, filed 12/11/97, effective 1/11/98)

WAC 390-20-110 Forms for lobbyist employers report. The official form for statement by employers of registered lobbyists as required by RCW 42.17.180 is designated "L-3," revised $((\frac{1}{98}))$ $\frac{1}{02}$. Copies of this form are available at the Commission Office 711 Capitol Way, Room $((\frac{403}{9}))$ $\frac{206}{908}$, Evergreen Plaza Building, PO Box 40908, Olympia, Washington, 98504-0908. Any attachments shall be on 8-1/2" x 11" white paper.



Employer's Lobbying Expenses

	OLYMPIA WA 98504-0908 (360) 753-1111	Loppying	g Expenses		P		
1.	Employer's Name (Use complete company, association, union of	or entity name.)			D .		
_	AMarking (14) wife account outloom inquision about the information	on balow should be direct	ad NOT the John San	1/98	O F		
	Attention (Ideatify person to whom inquiries about the information	on below should be directi	ed; NOT the lobbyist.)		F I C		
_	Mailing Address		Telephone		ΤĔ		
			()		U		
	City	State	Zip + 4		S E		
	HIS REPORT MUST BE FILED BINTHE LAST DAY OF FI				revious calend	dar year for lobbying	
2.	Identify each of your lobbyists/lobbying irms below. In copaid (plus obligated) for other lobbying related expenses contributions to legislative candidates, reimbursement for of expenses incurred by or through lobbyists in the space.	s that were made by or or entertainment expens	r through the lobbyist and repo	rted by the lob	byist on the me	onthly L-2 report (e.g.	
	Names of Registered Lobbyists (if payments were to	obbying firm, list firm n	name) Col 1-Sala	ary Co	2-Other	Total Amount	
_							
		Total From Att	tached Page				
	Information continued on attached pages		Total Expenses I	By or Through	Lobbyists		
— D0	NOT INCLUDE EXPENDITURES ALREADY ACCOUN	TED FOR IN ITEM 2	ABOVE when completing Iter	ns 3 through	7 below.		
	Other expenditures made by the employer for lobbying p	•					
	a. to vendors on behalf of or in support of registered lot				_		
b. to or on behalf of expert witnesses or others retained to provide lobbying services the offer specialized knowledge or expertise that assists the employer's lobbying effort;							
 for entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, tc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate fairlilies; (Also complete Item 9.) 							
	d. for composing, designing, producing and distributing	informational materials	s for use primarily o influence	legislation; and			
	e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).						
4.	Political contributions to candidates for legislative or state candidates, or committees supporting or opposing state			osing these			
	a. Contributions made directly by the employer, including those previously reported on PDC Form L-3c.						
 b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below. (Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.) 							
Name of PAC							
	Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.)						
	Expenditures to or on behalf of legislators, state officials, their spouses and dependents for the purpose of influencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete Item 14.)						
7.	Other lobbying-related expenditures, whether through or expense (i.e., show date, recipient, purpose and amount			g each	\-	· ·	
			Total Lobbyii	ng Expenses tems 2 thru 7)	· \		
8.	This report must be certified by the president, secretary-	treasurer or similar off	•	,			
	rtification: I certify that this report is true, complete a st of my knowledge.	and correct to the	Signature of Employer Office	er		Date	
Pri	nted Name and Title of Officer:					\	
			<u> </u>		CONT	INUE ON REVENSE	

9. Entertainment, tickets, passes, travel expenses	(including transportation m	neals lodging etc.) and e	enrollment or course fees provided to legislators
tate officials, state employees and members of	f their immediate families.	See instruction manual for	or details.
Name and Title		Cost or Value	Date and Description of Expense
			:
	•		
Information continued on affeched pages			
O Contributions (not reported by the lobbyist) total or oppose one of these carridates or a committee			
Name of Recipient	•	Amount	Date (and, if In-Kind, Description)
	•		
Information continued on attached pages	\		·
1. Independent expenditures in support of or oppo See instruction manual for definition of "Inde	esition to a) a legislative or ependent expenditure."	statewide executive office	e candidate or b) a statewide ballot proposition
Candidate's Name, Office Sough Ballot Proposition Number & Brie		Amount	Date and Description of Expense (Note if Support or Oppose)
Information continued on attached pages			
Compensation of \$1,500 or more during the precandidates for state office and each member of		ployment or professional	services paid to state elected officials, successfu
Name	Relationship to Candidate Elected Official if Member of Family	e or Amount (Code)	Description of Consideration or Services Exchanged for Compensation
		DOLLAR CODE AMOUNT	:
•		A - \$1 to \$2,999 B - \$3,000 to \$14,999 C - \$15,000 to \$23,999	
Information continued on attached pages		D - \$30,000 to \$74,999 E - \$75,000 or more	
 Compensation of \$1,500 or more during the pro- association or other entity in which state electe directorship or ownership interest of 10% or mo 	d official, successful state		
		•	
Firm Name	Person's Name	Amount (Code)	Description of Consideration or Services Exchanged for Compensation
Firm Name	Person's Name	1	
Firm Name	Person's Name	1	•
	Person's Name	1	•
Information continued on attached pages	lirectly or indirectly to a sta	(Code)	Exchanged for Compensation sful candidate for state of their
Information continued on attached pages 4. Any expenditure, not otherwise reported, made of	lirectly or indirectly to a sta	(Code)	Exchanged for Compensation Stul candidate for state office or member of their
Information continued on attached pages 4. Any expenditure, not otherwise reported, made of immediate family, if made to honor, influence or	lirectly or indirectly to a sta	(Code) ate elected official, successe of his or her official p	Exchanged for Compensation sful candidate for state office or member of their position.

THIS SPACE FOR OFFICE USE

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

Employer's Lobbying Expenses



1/02

	TOLL FREE 1-877-601-2828			1702		
1.	Employer's Name (Use complete company, association, union or entity name.)					
	Attention (Identify person to whom inquiries about the information below should be di	rected	; NOT the lobbyist.)			
	Mailing Address	Te	lephone			
			() -			
	City State	ZIţ) + 4			
	IIS REPORT MUST BE FILED BY THE <u>LAST DAY OF FEBRUARY</u> . Include expend bbying the Washington State Legislature and/or any state agency. Complete all s					endar year for
2.	Identify each of your lobbyists/lobbying firms below. In column 1, show the full amount of salary or fee each earned for lobbying. In column 2, show the ful amount paid (plus obligated) for other lobbying related expenses that were made by or through the lobbyist and reported by the lobbyist on the monthly L-2 report (e.g., contributions to legislative candidates, reimbursement for entertainment expenses, etc.). Compute the subtotals across and down the columns; put the grand total of expenses incurred by or through lobbyists in the space designated.					n the monthly L-2
	Names of Registered Lobbyists (if payments were to lobbying firm, list firm name)		Col 1-Salary	1	-Other	Total Amount
			\$	\$		\$
	Total From Attached F	Page				
	Information continued on attached pages		Total Expenses By	or Through	Lobbyists	\$
	D NOT INCLUDE EXPENDITURES ALREADY ACCOUNTED FOR IN ITEM 2 ABOVE	when	completing Items 3	through 7 I	helow	
				unough 7	50.011.	
3.	Other expenditures made by the employer for lobbying purposes. Show total expena. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment of					\$
	b. to or on behalf of expert witnesses or others retained to provide lobbying services who offer specialized knowledge or expertise that assists the employer's lobbying effort;					
	c. for entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families; (Also complete Item 9.)					
	d. for composing, designing, producing and distributing informational materials for u	se prir	narily to influence legi	slation; and	_	
	e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).					
4.	Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or committees supporting or opposing statewide ballot measures. (Also complete Item 10.)					
	a. Contributions made directly by the employer, including those previously reported				_	
	 b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below. (Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.) 					
	Name of PAC					
5.	Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.)					
6.	Expenditures to or on behalf of legislators, state officials, their spouses and dependents for the purpose of influencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete Item 14.)					
7.	7. Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attach list itemizing each expense (i.e., show date, recipient, purpose and amount). Do not include payments accounted for above.				e (i.e., _	
	Total Lobbying Exp			enses _	\$	
	This second must be sealified by the second-state of the second s	lob-	· omple	(Items 2	thru 7)	
8. This report must be certified by the president, secretary-treasurer or similar office of lobbying employer.						Det-
	ertification: I certify that this report is true, complete and correct to the best of y knowledge.	Signa	ature of Employer Offi	cer		Date
Pr	inted Name and Title of Officer:					
					CONTIN	IUE ON REVERSE

L3

Employer's Name			Year report covers:				
9.	Entertainment, tickets, passes, travel expenses (incofficials, state employees and members of their imm Name and Title		lodging, etc.) and enrollment or course fees provided to legislators, state ction manual for details. Cost or Value Date and Description of Expense				
			\$				
	Information continued on attached pages						
10	. Contributions (not reported by the lobbyist) totalling						
	oppose one of these candidates or a committee supporting or opposing a statewide Name of Recipient		Amount \$	Date (and, if In-Kind, Description)			
	Information continued on attached pages	n to a) a logislativa as atatowida	avacutive office con	didata or h) a statewide hallet proposition			
11	 Independent expenditures in support of or opposition See instruction manual for definition of "independent expenditures in support of or opposition." 		executive office can	ididate or b) a statewide ballot proposition.			
	Candidate's Name, Office Sought & Ballot Proposition Number & Brief D		Amount	Date and Description of Expense (Note if Support or Oppose)			
			\$	•			
_							
-	Information continued on attached pages Compensation of \$1,500 or more during the precedi	ng calendar year for employme	nt or professional se	nvices naid to state elected officials, successful			
12	candidates for state office and each member of their		in or professional se	Trices paid to state elected officials, successful			
	Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
		,,					
	Information continued on attached pages						
13	13. Compensation of \$1,500 or more during the preceding calendar year for professional services paid to any corporation, partnership, joint venture, associatio or other entity in which state elected official, successful state candidate or member of their immediate family hold office, partnership, directorship or						
	ownership interest of 10% or more. Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
				·			
	Information continued on attached pages						
14	 Any expenditure, not otherwise reported, made directimmediate family, if made to honor, influence or ber 						
	Name	cont and person bedded or me c	Amount	Date and Purpose			
			\$				
	Information continued on attached pages		<u> </u>				
**DOLLAR CODE AMOUNT			**DOLLA CODE				
A - \$1 to \$2,999 B - \$3,000 to \$14,999 C - \$15,000 to \$29,999				\$30,000 to \$74,999 \$75,000 or more			